

SECRET

3 9,418

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE	FILE NO.
				18 Sep 75	3643
TO: (Check)	CHIEF, CONTROL DIVISION, OP			SS NUMBER	525-20-4565
	CHIEF, CONTRACT PERSONNEL DIVISION, OP			EMPLOYEE NUMBER	063365
	CHIEF, LA (OPERATING COMPONENT FOR ACTION) ATTN: SUPPORT STAFF			ID CARD NUMBER	
REF.				OFFICIAL COVER	X ESTXMXMX60 CONTINUED
STATUS	STAFF	CONTRACT			CANCELLED
SUBJECT	DALES, DAVID S.				
U.S. ARMY					

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)			
CONTINUATION			
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOO</u>			
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TDY</u> OTHER (Specify)			
A SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <u>(HHB 20-7)</u>			
X SUBMIT FORM 3254 <u>Army</u> W-2 TO BE ISSUED. <u>(HHB 20-11)</u>			
VA SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)			
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)			
EAA. CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/> SUBMIT FORM 2688 FOR <u>AGE</u> HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
SUBJECT WILL BE DENIED FOR ENTIRE PERIOD OF EMPLOYMENT EXCEPT FOR U.S. GOVERNMENT EMPLOYMENT APPLICATIONS.			

DISTRIBUTION:
 COPY 1 - CD OR CPD
 COPY 2 - OPERATING COMPONENT
 COPY 3 - DS TSD
 COPY 4 - DCI-D/D/TFB
 COPY 5 - DCS-FILE

CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF

SECRET

E-2 IMPDET CL BY: 006687

113-10-421